



P O Box 2443
 Brenham, Texas 77834
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 Fax (979) 251-9971
 www.achacutting.org

ACHA office use only

Date received: _____

Affiliate: _____

Primary Applicant Information: Member # _____

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone (____) _____

(All ACHA Mail and Correspondence will be sent to the above address)

Social Security # (Required) _____

Circle All that Apply: Pro Non Pro Youth Judge

Must have YOUTH DOB _____

Have you ever shown under another name _____

2016-2017 Membership Application & Renewal

Valid from Oct 1, 2016 to Dec 31, 2017 unless Lifetime

CHECK ONE:

Annual Household Membership \$50.00

Annual Youth Membership \$25.00

Lifetime Membership \$500.00

Trainer Directory \$10.00

PRINT CLEARLY ALL ADDITIONAL ELIGIBLE MEMBERS IN HOUSEHOLD

Membership includes the holder, his/her spouse, and minor children (under 21 years of age and living in the same household as of October 1, 2016)

NAME (first, last)	SOCIAL SECURITY # (required)	CIRCLE ONE	D.O.B	MEMBERSHIP # (past mbr)
1. _____	_____ - _____ - _____	Pro Non-Pro Youth	_____	_____
2. _____	_____ - _____ - _____	Pro Non-Pro Youth	_____	_____
3. _____	_____ - _____ - _____	Pro Non-Pro Youth	_____	_____

Upon acceptance of this application, I acknowledge that all members of my household riding under this membership shall comply with all Standing Rules and Bylaws governing the American Cutting Horse Association, inclusive of but not limited to timely payment of all membership dues, expenses, and entry fees. I further agree that all members of my household participating under the membership hereby release, discharge, hold harmless the American Cutting Horse Association, its affiliates and authorized agents from any claim of personal injury, loss or injury to livestock, or accidents arising out of or related to this membership.

IF NON-PRO:

I attest that I do not now, nor have I ever received direct or indirect remuneration or other consideration for training of a cutting horse or cutting horse rider.

SIGNATURE OF VOTING MEMBER _____ DATE _____ MEMBERSHIP # _____